RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Cass County Health Dept
(574) 753-7760

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Tastefully Simple - Diane Anspach	**Telephone Number**: (574) 601-8322 ( )	**Date of Inspection** (*mm/dd/yr*): 11/14/11	**ID #**: T1328
Establishment Address (*number and street, city, state, ZIP code*): Logansport Memorial Hospital			
Owner: Diane Anspach	**Purpose**: 1. Routine	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: as above	2. Follow-up	**Summary of Violations**:	
Person in Charge: Diane Anspach	3. Complaint	C Ø NC Ø R Ø	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: N/A	5. (Temporary)	1 ✓ 2 3 4 5	
	6. HACCP		
	7. Other (*list*)		

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations noted	

Received by (*name and title printed*): Diane Anspach	Inspected by (*name and title printed*): McCall Kitchel
Received by (*signature*): Diane Anspach	Inspected by (*signature*): McCall Kitchel
cc:	cc:
cc:	cc: